

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept: see below

- | | | | |
|--------------------------|----------------------|-----------------------------------|----------------------|
| a. State Law | <u>1</u> years. | d. Audit period | <u> </u> years. |
| b. Statute of limitation | <u> </u> years. | e. Administrative need | <u> </u> years. |
| c. Federal law | <u> </u> years. | f. Federal retention instructions | <u> </u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

This information is no longer needed once individual is reinsured.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other see below then,

- ☐ Hold in the current files area month(s) year(s); then
- ☐ Transfer to local holding area, hold year(s); then
- ☐ Transfer to State Records Center; hold year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon proof of insurance, withdraw record from active file and destroy immediately.

[Signature]
Title Captain

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<u>[Signature]</u>	<u>2/15/80</u>	<u>[Signature]</u>	<u>Jan 21, 1980</u>
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee <u>[Signature]</u>	<u>1-29-80</u>
		Secretary of State/Designee <u>[Signature]</u>	<u>1-28-80</u>
		Attorney General/Designee <u>[Signature]</u>	<u>1-30-80</u>



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 10/25/76	1. Agency Address Georgia Department of Public Safety Uniform Division No Fault Section 959 East Confederate Avenue, S. E. Atlanta, Georgia 30316	Application Number 76-346	
Application Number		Date Received NOV 29 1976	Date Completed DEC 17 1976
2. Person to Contact Captain Harris		Working Title Supervisor	Telephone Number 656-6116
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 6-1-75 Present		5. Records Series Title (followed by title used in office; if different) Automobile Liability Policy Cancellation Notice File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Uniform Division is responsible for the patrol of streets and highways to insure the safety of lives and property; the investigation of motor vehicle accidents and the computation of related statistics; the licensing of citizens to operate motor vehicles and the suspending or revoking of licenses; and the supervision of motor vehicle inspection records and the distribution of motor vehicle inspection stickers and other related documents. The Division must be available when called upon in the event of civil disorders or natural disasters and is responsible for the safety of the Governor of the State of Georgia and his family.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Maintaining notification by insurance company that individual's Automobile Liability Policy has been cancelled and to maintaining an index to the No Fault Suspension Notice File. Included are: Cancellation Notice. (FR-4). File is arranged: Alphabetically by individual's name.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old 12,360 ; Seven to twelve months old 6,000 ; Thirteen to twenty-four months old 2,000 ; twenty-five months and older 1,000 ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) 5/8 15 drawers - 3 sections wide.			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept: See Item 12.

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Office reference.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

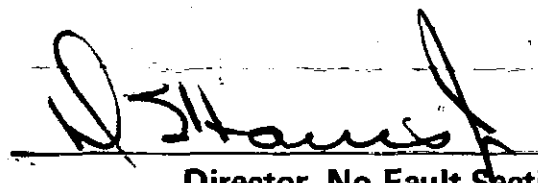
☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon proof of insurance, withdraw record from active file and place in inactive file; cut off inactive file at end of each month; hold in current files area 1 year; then, destroy.

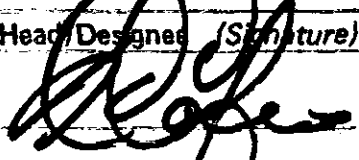


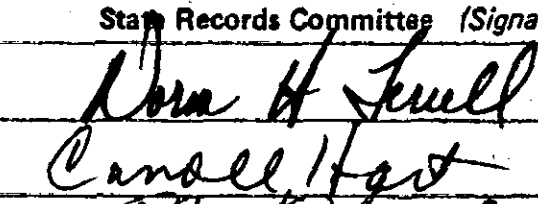


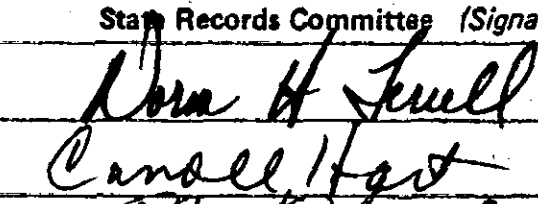


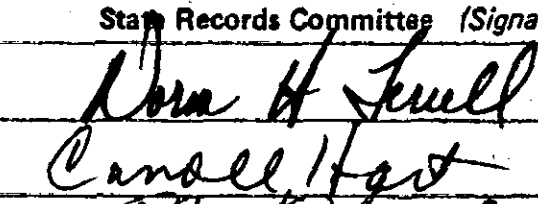

(✓) Concur

() Nonconcur


Director, No Fault Section

These instructions apply to all prior and future accumulations of the series.

This decision is to be re-evaluated prior to 1-1-79 after system is computerized.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date												
	11-17-76		11-15-76												
<table border="1"> <thead> <tr> <th colspan="2">State Records Committee (Signature)</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>State Auditor/Designee</td> <td></td> <td>12-16-76</td> </tr> <tr> <td>Secretary of State/Designee</td> <td></td> <td>12-6-76</td> </tr> <tr> <td>Attorney General/Designee</td> <td></td> <td>12-17-76</td> </tr> </tbody> </table>				State Records Committee (Signature)		Date	State Auditor/Designee		12-16-76	Secretary of State/Designee		12-6-76	Attorney General/Designee		12-17-76
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Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)